



Fairfax County Government HIPAA Compliance Program

Notice of Privacy Practices

July 2005

Summary

Fairfax County understands your privacy is important. Agencies of Fairfax County may provide health care services directly to you in one of our community clinics, therapeutic programs, health plan partnerships, or during an emergency medical event. Fairfax County is required by law to maintain the privacy of certain confidential health information, known as protected health information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice also describes your legal rights under the Health Insurance Portability and Accountability Act (HIPAA). Fairfax County is required to abide by the terms of this notice currently in effect.

Your protected health information includes your identifying demographic information, assessment information, test results, diagnosis information, treatment information, and billing-related information recorded by the provider each time you receive services from us. Our staff, health care providers, and contracted associates are committed to handling this confidential information only as allowed by federal or state law and agency policy, adhering to the most stringent law that protects the privacy of your protected health information. In most situations we may use this information as described in this notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

EFFECTIVE DATE: April 14, 2003

REVISED: July 1, 2005

**THIS NOTICE DESCRIBES HOW MEDICAL
INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes how Fairfax County may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by state or federal law. It also describes your rights to access and control your protected health information. Protected health information is verbal, written or electronically recorded information related to your past, present or future physical or mental health or condition and related health care services, including demographics that may identify you.

Uses and Disclosures of Your Information

Fairfax County may use your protected health information (PHI) for the purposes of treatment, payment, and health care operations. Although these limited uses do not always require your permission, in most cases we will require you to sign a consent form. The agency consent form will allow us to use and disclose necessary information about you within the agency and with business associates in order to provide treatment and services, to receive payment for provided treatment and services, and to conduct our day-to-day health care operations. Examples of our use of your PHI include:

For treatment: If you are a client of the Health Department, your Public Health Nurse may share information about you in order to coordinate the different things you may need such as lab work or prescriptions. If you use the services of the Community Services Board (CSB), your primary therapist or case manager may consult with various service providers within the CSB. If you are a patient of the Fire and Rescue Department, your emergency medical provider may share information about your condition with medical control to authorize additional treatment or with other providers when transferring your care. During these treatment examples, and others, health information about you may be shared verbally or in writing.

For payment: This includes any activities we must perform in order to be reimbursed for the services we provide to you. Such payment activities include reviewing your PHI for correct billing information, medical necessity determinations, and claims management. In order to receive payment we may work with a company that will make a bill for your services or directly send your information to companies responsible for payment coverage. If you have identified a financially responsible person for payment purposes, a monthly bill may be sent to that person.

For health care operations: This includes quality assurance activities, accreditation, licensure, and training programs to ensure our staff meet the standards of care required by their profession. Trained staff may handle your health record in order to verify eligibility for services, for filing of documentation, or to assemble your record for the health care provider. You may be contacted for an appointment reminder or to receive additional services available through Fairfax County. Certain data elements are entered into our computer system to create reports required by the Commonwealth of Virginia.

Individuals involved in your care or payment for that care: We may release medical information about you to a family member, other relative, or friend who is involved in your care or payment for the care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care or payment for the care.

Disclosures of your PHI without your authorization: In certain circumstances, agencies of Fairfax County are allowed by federal and state law to disclose specific health information about you without your written authorization or your opportunity to verbally object. These circumstances include disclosures for:

- Mandated requirements of law (for example, to report children or helpless adults who are victims of abuse, neglect or exploitation; to report injuries from guns and dangerous weapons)
- Public health purposes (for example, reporting births, deaths, certain contagious diseases; reporting defects of products regulated by the Food and Drug Administration; workplace medical surveillance)
- Health oversight activities of health inspectors and other government people who check our clinics and health services (for example, audits, investigations, inspections, and other activities required of the health care system; eligibility for enrollment in government benefit programs; and compliance with civil rights laws)
- Judicial and administrative proceedings (for example, in response to an order from a court, subpoena, legal counsel to the agency, or Inspector General)

- Law enforcement purposes (for example, limited information requested about a suspect, fugitive, material witness, or missing person; to provide evidence of criminal conduct on county premises; for emergency health care situations when such care is related to the commission of a crime; or if you are an unconscious victim of a crime and the provider determines a timely disclosure is in your best interest)
- Averting a serious threat to health and safety of another person or the public (for example, in response to a specific threat made by a person served to harm another)
- Specialized government functions (for example, as directed by military command authorities for national security and intelligence activities)
- Correctional facilities (for example, for custodial situations involving the health care of an inmate or the health and safety of others in the correctional facility)
- Workers' compensation purposes (for example, to facilitate the administration of benefits as allowed by law)
- Coroners and medical examiners (for example, to identify a deceased person or to determine cause of death)

- Federal Department of Health and Human Services (for example, in connection with an investigation of Fairfax County agencies for compliance with federal regulations.)

Uses and disclosures of your PHI requiring your authorization: We are required to obtain your authorization to use or disclose your protected health information for any reason other than for treatment, services, payment, health care operations, and those specific circumstances outlined previously. For all other disclosures, we will require you to complete a form that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. You may write to us and ask us to withdraw the signed authorization at any time. We will not be able to cancel any disclosures we made before you took back your authorization.

Your Health Information Rights

When receiving health care services from agencies of Fairfax County, you have federally defined privacy rights under the Health Insurance Portability and Accountability Act (45 C.F.R. Parts 160 and 164). Other federal and state privacy laws limit the disclosure of your health

information. Such laws include, but are not limited to, Confidentiality of Alcohol and Drug Abuse Patient Records (42 USC 290dd), Health Records Privacy (VA Code 32.1-127.1:03), and Human Rights Regulations (VA Code 35-115).

You have the right to inspect or to request copies of your medical records. This process will be kept confidential. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You must make this request in writing to the agency contact. If denied access, you will receive a timely, written notice of the decision and reason. A copy of your request and our written reply becomes a part of your record.

You have the right to request amendment of your medical record if you believe information in the record is inaccurate or incomplete. You must make this request in writing to the agency contact. We may deny the request but you will be provided with written explanation of the denial.

You have the right to receive an accounting of Fairfax County's disclosures of your protected health information that were not for the purpose of treatment, payment, health care operations, or that were not otherwise authorized by you. You also have the right to be given the

names of anyone, other than employees of the agency, who received information about you from Fairfax County.

You have the right to request a restriction with regards to the use or disclosure of your protected health information.

This request will be considered by the agency and the agency will notify you if they are able to honor the requested restriction and still offer effective services, receive payment and maintain health care operations. Legally we are not required to agree to any restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency circumstances.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing to the agency contact. We will agree to all reasonable requests.

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time upon request.

You may exercise these rights through a written request to the appropriate agency contact person or their supervisor as identified here:

- Community Services Board — contact your primary therapist/case manager
- Fire and Rescue Department — contact the privacy officer
- Health Department — contact the clinic office manager
- Office of Partnerships — contact the medical care coordinator

Changes to Privacy Practices

Fairfax County reserves the right to change its privacy policy and any of its privacy practices at any time, as allowed by federal and state law and to make the change effective for all protected health information that we maintain.

A revised Notice of Privacy Practices will be posted in our service areas and on our Web site, www.fairfaxcounty.gov/hipaa. A copy may be requested from the clinic receptionist or the Agency Privacy Officer.

Information and Complaints

If you have any questions, please contact one of our Agency privacy officers. Additional information about HIPAA compliance in Fairfax County can be obtained by contacting our HIPAA Compliance Manager. If you believe your HIPAA patient rights have been violated you may file a complaint with the Agency Privacy Officer, the county, or the federal government as identified below. You will not suffer any change in service or retaliation for filing a complaint.

Fairfax-Falls Church Community Services Board Privacy Officer

703-324-7020, TTY 703-802-3015

Fire and Rescue Department Privacy Officer

703-246-3990, TTY 711

Health Department Privacy Officer

703-246-2477, TTY 711

Office of Partnerships Privacy Officer

703-324-5171, TTY 711

Fairfax County's HIPAA Compliance Manager

12000 Government Center Parkway, Suite 527

Fairfax, VA 22035

703-324-4136, TTY 703-968-0217

www.fairfaxcounty.gov/hipaa

Office for Civil Rights

Department of Health and Human Services

150 S. Independence Mall West, Suite 372

Philadelphia, PA 19106-3499

215-861-4441, TTY 215-861-4440

1-800-368-1019 (toll free)

www.hhs.gov/ocr/hipaa



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call 703-324-4136, TTY 703-968-0217, or email hipaamanager@fairfaxcounty.gov
